

Obtaining Critical Information for HIV/AIDS Planning and Prevention

SEPTEMBER 22 BOSTON

(State Lab Institute)

OCTOBER 6 SPRINGFIELD

(Holiday Inn)

NOVEMBER 16 WORCESTER

(Holiday Inn)

NOVEMBER 17 MANSFIELD

(Holiday Inn)

DECEMBER 8 TEWKSBURY

(Holiday Inn)



Division of STD Prevention
& HIV/AIDS Surveillance
Bureau of Communicable Disease Control
Massachusetts Department of Public Health

OBJECTIVES OF TRAINING

The HIV/AIDS Surveillance Program of the Bureau of Communicable Disease Control is hosting a series of statewide trainings on HIV/AIDS case reporting, and surveillance and epidemiology of HIV/AIDS within the larger context of how HIV/AIDS surveillance interfaces with other infectious diseases reporting systems. Participants will learn about the process and protocol of HIV/AIDS case reporting, the surveillance and epidemiology of HIV/AIDS in Massachusetts, the use of surveillance data for HIV/AIDS program planning and prevention, and learn about the interface, connection and overlap among other infectious disease case reporting systems.

WHO SHOULD ATTEND

These trainings are ideally suited for individuals who:

- Are responsible for case reporting of HIV/AIDS and other infectious diseases to Massachusetts Department of Public Health;
- provide medical services for HIV/AIDS, STD or hepatitis;
- are involved with development and implementation of HIV/AIDS programs;
- provide HIV counseling and testing services;
- use data for program planning and evaluation;
- perform other related activities.

AGENDA

8:30- 9:00 Registration and Breakfast

9:00- 9:30 Closing the Surveillance Loop

*Dr. Alfred DeMaria, Director, Bureau of Communicable Disease Control (BCDC)
Chief Medical Officer, Massachusetts
Department of Public Health*

9:30- 9:45 Recognition of Medical Providers' Contribution to Surveillance:

James Murphy, MPH, Director, HIV/AIDS Surveillance Program;

9:45-10: 45 Overview of HIV/AIDS Surveillance and Case Reporting System

*Dr. Bikash Verma, Epidemiologist,
HIV/AIDS Surveillance Program, (BCDC)*

10:45-11:00 Q & A

11:00-12:00 Brief overviews:
Hepatitis Prevention and Case Reporting:

Dan Church, MPH, and Epi. Division Staff;

HIV Counseling & Testing (C & T):

Eduardo Nettle, MPH, (HIV/AIDS Bureau);

STD Surveillance & Partner notification:

Regional Representatives of STD Program

12:00-12:30 Lunch Break
(Box lunch will be provided)

12:30- 1:30 Break out sessions
(Must attend if interested in CME/CEU)

1. How to use HIV/AIDS surveillance data for program planning, service delivery, grant writing, and for smaller communities;

*Betsey Philip, MPH, Epidemiologist, and
Maria Barros, MPH, Epidemiologist,
HIV/AIDS Surveillance Program, BCDC*

2. Dealing with Co-morbidities: HIV, Hepatitis and STD; *Tom Bertrand, MPH,
Director, Division of STD Prevention*

COURSE AND REGISTRATION

Continuing Medical Education (CME) Credit:

The Bureau of Communicable Disease Control, Massachusetts Department of Public Health, designates this continuing medical education activity for a maximum of **3.5 CME** category 1 credits toward the AMA Physician's Recognition Award. Each Physician should claim only those hours of credit that he/she actually spent in the educational activity. The Bureau of Communicable Disease Control, Massachusetts Department of Public Health, is accredited by the Massachusetts Medical Society to provide continuing medical education for physicians.

Nursing CEU Credit: :

This Program is offered by the Massachusetts Department of Public Health, Bureau of Communicable Disease Control. A maximum of **4.2** nursing contact hours for this program will be provided in accordance with the Board of Registration in Nursing Regulations governing continuing education (CMR 244 5.00).

There is **no charge** for attending these trainings or for CME/CEU.

The registration deadline is 7 days before the training.

Please fax or mail completed form to:

Jessica Woodward

JSI Research & Training Institute

44 Farnsworth Street

Boston, MA 02210

FAX: 617-482-0617 PH: 617-482-9485

o **Jwoodward@jsi.com**

REGISTRATION FORM

Please copy this form to register additional people from your organization.

Name _____

Job Title _____

Agency _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____

Confirmation with directions will be sent via email upon receipt of registration.

Please check course date/location:

_____ September 22	Boston
_____ October 6	Springfield
_____ November 16	Worcester
_____ November 17	Mansfield
_____ December 8	Tewksbury

Will you be attending one of the afternoon breakout sessions? _____ Yes _____ No

If so, please indicate your choice below:

_____ How to Use HIV/AIDS Surveillance Data

_____ Dealing with Co-morbidities: HIV, Hepatitis and STD

Please mark if you would like:

_____ CMEs _____ CEUs

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